

Name of Person Filing Document: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the matter of the Conservatorship of \_\_\_\_\_

Case Number PB: \_\_\_\_\_

\_\_\_\_\_  
 (Name of Protected Person)

### ORDER APPOINTING ☐ ATTORNEY ☐ PHYSICIAN AND/OR ☐ COURT INVESTIGATOR FOR CONSERVATOR FOR AN ADULT

1. ☐ **SCHEDULED HEARING:** A sworn Petition for Appointment of a Conservator was filed and this court has scheduled a hearing to determine the merits of the Petition as follows:

**DATE AND TIME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**JUDICIAL OFFICER:** \_\_\_\_\_

2. ☐ **ATTORNEY APPOINTMENT:** An attorney is appointed to represent the person by appearing at the hearing. Counsel shall adhere to the Court's Guidelines for Appointed Counsel:

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

3. ☐ **PHYSICIAN APPOINTMENT AND REPORT:** The physician who shall examine the proposed ward and prepare a written report about the condition of the person about whom the Petition was filed is:

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

4. ☐ **COURT INVESTIGATOR:** An investigator from the court shall visit the proposed ward and submit a written report to the Clerk of the Court, Probate Registrar at least ten business days before the hearing date and shall give a copy of the report to the Petitioner or his or her attorney and to the attorney for the proposed ward.

5. **OTHER ORDERS TO PETITIONER:**

A. **COURT PAPERS FOR THE APPOINTED LAWYER:** Petitioner must within **24 HOURS** from the date of this Order mail or deliver to the attorney for the incapacitated person named in paragraph 2 copies of the Petition for Permanent Appointment and all related court paperwork, any physicians' reports in his or her possession, and any Orders of the court.

B. **PHYSICIAN REPORT:** Petitioner must, **NO LATER THAN 10 BUSINESS DAYS BEFORE THE HEARING** file the original of the physician's report with the Clerk of the Court, Probate Registrar, AND mail or hand-deliver a copy of the report to the attorney named in paragraph 2 AND to the offices of the judicial officer named in Paragraph 1, AND to the Court Investigator, 125 West Washington, Phoenix, Arizona 85003.

DONE IN OPEN COURT: \_\_\_\_\_

\_\_\_\_\_  
 JUDGE/COMMISSIONER